PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10814189

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
T	TOTAL CLAIMS			20		100.	•		RATE	FEE	7	RATE	FEE
ŀ	OP	D			NUMBER FILED		05057704		BASIC FE	+	\exists		
FOR				0.0		NUMBER EXTRA			BASIC FE	€ 385.00	'JOR	BASIC FEI	770.00
TOTAL CHARGEABLE CLAIMS					minus 20=				X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					#minus 3 =				X43=	43	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT									+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	428	OR	TOTAL	
	(CLAIMS						OTHER					
(Column 1)				(Column 2) (Column 2)			(Column 3)	·F	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	1-12-06	REMA AFT AMEND	INING ER		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1-10	2	Minus	1.20	<u> </u>	= /		X\$ 9=		OR	X\$18=	
	Independent			Minus	PENDENT	CLAIM	- /-	L	X43=		OR	X86=	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+145=		OR	+290=/	
									TOTAL DDIT. FEE		OR	TOTAL ADDIT/FEE	
	(Column 1) (Column 2) (Column 3)											(
AMENDMENT B		CLAI REMAI AFT AMEND	NING ER	•	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••		• .		X\$ 9=		OR	X\$18=	
	Independent	pendent • ST PRESENTATION OF MU		Minus			-		X43= .	•	OR	X86=	
	MOTPHESE		THE DEFENDENT C		CAIM .			+145=		OR	+290=		
								ا	TOTAL ODIT. FEE	•	OR ,	TOTAL DDIT, FEE	
		(Colum	ın 1)		(Column	n·2)	(Column 3)				·. *	won, Fec l	
MEN	`	CLAIN REMAIN AFTE AMENDA	IING R		HIGHES NUMBE PREVIOU PAID FO	ST IR ISLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	,	Minus .	**		8		X\$ 9=		OR	X\$18=	-1-55
	Independent	•	- 1	Minus	***		2	-	X43=		ı	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-			OR -	A00=	
- H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								145= TOTAL		OR	+290=	
11	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DOIT. FEE	
T	the "Highest Num he "Highest Num	noer Previou ber Previou	usiy Paid sly Paid	ror in THI: For (Total or	SPACE is k Independent	ess than) is the f	3, enter "3." nighest number f		in the appr	opriate box		•	
YRV.	PTO-875 (Bev 10	03)									DCD46	THENT OF	0101000